

FOR A COMPLETE LISTING OF CURRENT PROGRAMS CONTACT
THE RECREATION DEPARTMENT FOR A BROCHURE

SHELTON PARKS AND RECREATION

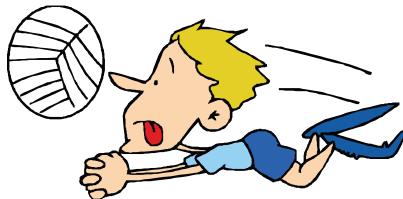
Comic Books



Cheer Camp



Basketball Camp



Volleyball Camp

Ceramics

Tennis Lessons



Science Camp



Day Camp

FINANCIAL
ASSISTANCE
MADE
POSSIBLE
BY
**TOYS FOR
KIDS PLUS**

RECREATION PROGRAM SCHOLARSHIP FUND APPLICATION



"Building A Stronger Community
TOGETHER"

Shelton Parks and Recreation
Shelton Civic Center
525 West Cota St
360-432-5194

RECREATION PROGRAM SCHOLARSHIP FUND APPLICATION

Please answer all questions completely. Applications will be reviewed in the order they are received. Applicants will be notified after the application is reviewed. Mail or drop off your completed application to:

Shelton Parks & Recreation, 525 West Cota St., Shelton, WA 98584

PARTICIPANT'S NAME: _____

BIRTHDATE: _____ **AGE:** _____ **M** **F** **SCHOOL:** _____ **GRADE:** _____

PARKS & REC CLASS/PROGRAM: _____

DATE/DAYS: _____ **FEES:** _____

The undersigned certifies that:

1. There are _____ dependents and _____ parents/guardians residing in the household.
#
2. For the previous month, the combined total income from all sources for all household residents was \$ _____. Please complete the income worksheet on reverse side. **Attach documentation.**
3. The undersigned is the head of household requesting funds.

PARENT/GUARDIAN NAME: _____ *If applicant is a minor*

RELATIONSHIP TO MINOR: _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

DRIVERS LIC#: _____ **SOCIAL SECURITY #:** _____

WORK PHONE: _____ **HOME PHONE:** _____

I have verified that the above information is complete and correct and further understand that falsifying information on this form is just cause for removal from the program. I understand that this information is being given for the receipt of fee reductions; that City officials may verify information on the application; and that deliberate misrepresentation of the information may subject me to prosecution.

Signature

Date

FOR STAFF USE ONLY

Amount granted: _____ Approved by: _____ Date: _____

Special arrangement: _____

To apply for assistance please read the following carefully:

- Applicants who meet Family Income Guidelines, as determined by DSHS, will be considered for funding assistance. You do not have to be receiving DSHS assistance to qualify.

- For example, if you are a family of 4 and make less than \$1750/month, you may qualify for assistance. Call 432-5194 for more information regarding qualification.

- To qualify for assistance, **you must** live in the Mason County.

- Funding for **youth programs** is available at 50% levels depending on the household gross income. Youth, ages 17 & under, may receive up to \$200 in funding per year, depending on available funding.

- No funding for adult programs.

- If an individual receives funding, they will be required to pay the difference in the program fee at the time of registration.

Please list your gross household income per month below:

Paycheck: \$ _____
(pay stub, W-2, tax return)

Unemployment: \$ _____
(workers comp, pension, veterans award letter or payment notice)

Social Security: \$ _____
(award letter or payment notice)

Child Support: \$ _____

DSHS: \$ _____
(Welfare, WIC, etc payment notice)

Other: \$ _____

TOTAL: \$ * _____

*Enter this total in #2 on application on reverse side.